

CMS Data Submission Quick Guide

In the event of an emergency, either regional or localized, the Washoe County Regional Emergency Operations Center (REOC) will activate. Washoe County Health District staff fulfills the role of the Medical Unit Leader or MUL for certain types of emergencies. The role of the MUL is to interface with healthcare organizations during an emergency response. Your agency may be notified of the emergency activation through an automated system initiated by the MUL. In the event of notification, contact information for the MUL will be provided. The MUL will be your primary contact through the duration of their shift at the REOC. During shift changes, an email will be sent with new contact information for the MUL personnel to ensure facilities have the most up-to-date emergency management contact information.

Responsibilities:

1. Export a full census for your agency and save as: **Agency Name_Census Data_Date Submitted**
 - a. If an agency sends any additional sets of data on the same date, please include “_resubmitted1” at the end to allow for additional submissions if required i.e. “_resubmitted2”
2. Report the following variables in an Excel document (or compatible format) via email to the Medical Unit Leader/MUL.
3. This information should be sent to the MUL within 30 minutes of emergency notification and data request.
4. **Do not delay sending the data.** If there are challenges with formatting, send the minimum variables (see table below) and resubmit later with the core variables.

Data Dictionary – Initial Submission

Variables	Submitting Agency Full Name	Name	Medical Record Number	Street Address	State	Zip Code	Phone Number 1	Birthdate	Gender	Phone Number 2	Phone Number 3	Triage Level	Diagnosis
Definition	Full name of the submitting agency	First and Last Name	Unique # submitting agency can identify the patient	Physical street address & unit number/ letter for patient	State where patient lives	Zip code where patient lives	Patient primary phone number	Patient date of birth	Patient gender	Additional patient or emergency contact phone number	Additional emergency contact phone number	Mirrors agency's internal definition of triage levels	Patient's primary diagnoses or additional information for medical responders
Examples	DaVita Kidney Dialysis-South Meadows	Joe M. Smith	123456789	345 Main St, Unit B	NV	12345	775-528-9635	03151917	M or Male	(775) 324-3456	775.324.8907	1	diabetic, needs oxygen, deaf, blind etc.
Format	Agency Name-Location (City or street name if multiple in one city)	Does not matter	Does not matter	Does not matter	NV	5-digit zip code	Does not matter	MMDDYYYY	M/F or Male/Female	Does not matter	Does not matter	1=HIGH; 2=MEDIUM; 3=LOW	Does not matter
Minimum variable	X	X		X		X							
Core variable	X	X	X	X	X	X	X	X	X				
Optional variable										X	X	X	X

Data Dictionary – Potential Secondary Submission

Community shelter operations must plan for citizens with any access and/or functional needs. Knowing the composition of possible shelter occupants can assist with the staffing model and identification of shelter locations. The following variables will assist with that, and would be submitted to the MUL if requested, and if the facilities are able to compile the information in an Excel document for their patients. This information will be merged with the initial submission document to expand the master list of patients within Washoe County that might need assistance at any time during an emergency situation.

Variables	Submitting Agency Full Name	Medical Record Number	Mobile?	Life Saving Equipment?	Special Needs?
Definition	Full name of the submitting agency	Unique # submitting agency can identify the patient	Is the patient mobile?	Does the patient require any lifesaving equipment?	Does the patient have any special needs shelter staff needs to be aware of?
Examples	DaVita Kidney Dialysis-South Meadows	123456789	Yes/No	Oxygen, hospital bed, nebulizer	Communication challenges, intellectual disabilities, or special dietary needs